Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4937AGZ	A. BUILDING: _____ B. WING _____	11/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AS TIME GOES BY 7	4240 AL CARRISON LAS VEGAS, NV 89129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/14/14. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Division of Public and Behavioral Health. The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and eight employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000		
Y 626 SS=E	449.2702(6)(b)(1,2,&3) Restraint Definition NAC 449.2702 Written policy on admissions; eligibility for residency. 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a	Y 626		

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Y 626	Continued From page 1 resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure 3 of 10 resident beds were free from restraints. (Resident #1, #2 and #3) Findings include: On 11/14/14 at 2:30 PM, Resident #1's bed was observed to have full-side bed rails attached. On 11/14/14 at 3:00 PM, the caregiver (Caregiver #1) and the administrator acknowledged the bed had full -side bed rails attached. On 11/14/14 at 2:30 PM, Resident #2's bed was observed to have full-side bed rails attached. On 11/14/14 at 3:00 PM, Caregiver #1 and the administrator acknowledged the bed had full-side bed rails attached. On 11/14/14 at 2:30 PM, Resident #3 was observed in a bed with the right side of the bed pushed up against the wall. The left side of the bed had half-side bed rails in an up position, a wheelchair and a recliner pushed up against the bed. On 11/14/14 at 3:00 PM, Caregiver #1 and the administrator acknowledged the wheelchair and the recliner were pushed up against the left side	Y 626	(1) DONT USE FULL BEDRAILS (2) WILL NOT USE FULL BED-RAILS OR BLOCK BED-USING CHAIR AND WHEEL-CHAIR (3) CHECKING THAT THEY DONT USE FULL BEDRAILS AND BLOCKING THE BED WITH CHAIR OR WHEELCHAIR (4) CAREGIVER / ADMINISTRATOR (5) NOVEMBER 20, 2014	

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Y 626	Continued From page 2 of the bed. Severity: 2 Scope: 2	Y 626		